

physician or m CARLSON 3
CE OF BIRTH
Hennepin.....

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

40287

Reg. District No. No. in Registration Book,
(Above numbers to be filled in only by local registrar or his deputy..)
Minneapolis (No. 2419 *Pharmouth St.* Ward)...
Elmer Albert *Freemont Av. So.*
Baby Carlson { If child is not yet named, make
supplemental report as directed.

Single Twin Triplet	and	Number in order of birth	Legiti- mate	DATE OF BIRTH <i>Dec 30 1911</i> (Month) (day) (year)
FATHER <i>Thos Carlson</i>			FULL MAIDEN NAME <i>Ellen Carlson</i>	MOTHER <i>Vigren</i>
AGE AT LAST BIRTHDAY <i>27</i> (Years)			COLOR OR RACE <i>W</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)
<i>Sweden</i>			BIRTHPLACE (STATE OR COUNTRY)	<i>Sweden</i>
<i>Labour</i>			OCCUPATION	<i>Wife</i>
CHILD OF THIS MOTHER <i>1</i>			NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I certify that (I attended) the birth of above child, (and that it) occurred on....., 19....., at.....M.
Cross out words which do not apply.

C. Hakanson Dated.....19....., Address.....
(Attending Physician, Midwife, Father, Informant) —Cross out words which do not apply.

Have been taken to prevent ophthalmia neonatorum?.....
19..... Address.....
Registrar

Evidence indicates that the above was filed Circa, January 1912.

STATE OF MINNESOTA) SS
COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the
official record on file with the Section of Vital Statistics
Registration of the Minnesota Department of Health.

Dated at Minneapolis

December 31, 1991

Fredrick L. King
State Registrar
Minnesota Department of Health

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